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APR 12 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. 125974/GEM-0053	
Applicant(s): <b>Darin R. Okerlund</b>						
Application No. 10/065,595	Filing Date November 1, 2002	Examiner Smith, Ruth S.	Customer No. 23413	Group Art Unit 3737	Confirmation No. 2440	
Invention: <b>METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	42 -	35 =	7	x \$50.00	\$350.00	
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$350.00</b>	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-0845 in the amount of \$350.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <i>Signature</i>			<b>Dated: April 12, 2006</b>			
<b>David Arnold</b> <b>Registration No. 48,894</b> <b>Cantor Colburn LLP</b> <b>55 Griffin Road South</b> <b>Bloomfield, CT 06002</b> <b>phone: 860-286-2929</b> <b>fax: 860-286-0115</b>			<div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              _____              (Date)              _____  <i>Signature of Person Mailing Correspondence</i>              _____  <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>			
cc:						

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Docket No. 125974/GEM-0053

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No.:	10/065,595	:	Confirmation No.:	2440
Applicant:	Darin R. Okerlund	:	Group Art Unit:	3737
Filed:	November 1, 2002	:	Examiner:	Smith, Ruth S.
Docket No.:	125974/GEM-0053	:		

For: METHOD AND APPARATUS FOR MEDICAL INTERVENTION  
PROCEDURE PLANNING

April 12, 2006

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**AMENDMENT UNDER 37 CFR 1.111**

This is in response under 37 CFR §1.111 to the Office Action dated December 13, 2005, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks

This response is accompanied by a request for an extension of time under 37 CFR 1.136(a).

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 4.

Remarks/Arguments begin on page 15.

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 at the United States Patent and Trademark Office, on the date shown below.

Kira Lawrence  
Name  
Signature4/12/06  
Date

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